

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/589922</div> | | FILING DATE | | | | |
|--|----------|------|------------------------------------|------|------------------------------------|------|--|----------|-------------|------------------------------------|------|------------------------------------|------|
| | | | | | | | APPLICANT(S) | | | | | | |
| CLAIMS | | | | | | | | | | | | | |
| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | | | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 4 | | 2 | | 1 | | | | | | | | | |
| 5 | | 0 | | 1 | | | | | | | | | |
| 6 | | 0 | | 1 | | | | | | | | | |
| 7 | | 0 | 1 | 1 | | | | | | | | | |
| 8 | 1 | | 1 | 1 | | | | | | | | | |
| 9 | | 1 | | 1 | | | | | | | | | |
| 10 | | 2 | | 1 | | | | | | | | | |
| 11 | | 2 | | 1 | | | | | | | | | |
| 12 | | 0 | | 1 | | | | | | | | | |
| 13 | | 0 | | 1 | | | | | | | | | |
| 14 | | 0 | | 1 | | | | | | | | | |
| 15 | | 0 | | 1 | | | | | | | | | |
| 16 | | 1 | | 1 | | | | | | | | | |
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| TOTAL IND. | 2 | ↓ | 2 | ↓ | | ↓ | | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 22 | ← | 18 | ← | | ← | | | ← | | ← | | ← |
| TOTAL CLAIMS | 24 | | 20 | | | | | | | | | | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ | | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← | | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | | | | | | | | |